



REGULATORY LICENSING UNIT
CERTIFIED FOOD MANAGERS PROGRAM
INITIAL / RENEWAL CERTIFICATION LICENSE APPLICATION
(Health and Safety Code (HSC), Chapter 438)

Return both the completed application and **non-refundable fee** made payable to:
Cash Receipts Branch, MC 2003, Texas Department of State Health Services
P O Box 149347, Austin, Texas 78714-9347.

You may visit our website at:

<http://www.dshs.state.tx.us/food-managers/default.aspx>

ALLOW 4-6 WEEKS PROCESSING TIME

CFM-Cert Prog- 2101

Budget: ZZ106

Fund: 126

LICENSE #:

Please note that this application is for a CERTIFICATION PROGRAM. A separate application package is required for a Test Site. Contact this office at (512) 834-6727 if you have any questions.

Name of Business Applying to Operate Program: _____

Name of Business Owner (Licensee of Program): _____

Physical Address of Program: _____

City, State, Zip Code: _____ County: _____

Mailing Address (if different from Physical Address): _____

Sponsor Name: _____

Telephone # at Physical Address: _____ Program's Fax #: _____

Program's Email Address: _____

Program's Website (URL): _____

INITIAL / RENEWAL LICENSE

☐ Licensing Fee - \$600.00

☐ Late Fee - \$100.00

Late fees are assessed to any licensee who files for renewal after the license expiration date, or any returned check received after the expiration date.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature of Program Licensee

Date

Printed Name & Title

PURPOSE OF THIS APPLICATION: Check Appropriate Box

☐ **Initial Application**

☐ **Renewal:** Renewals are valid for two years from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

☐ **Amended:*** Effective Date: _____

☐ Change of Location ☐ Change of Name ☐ • Other: _____

☐ **Change of Ownership:*** Effective Date: _____

Previous Business Name and License #: _____

☐ **Out of Business:** Effective Date: _____ (I choose not to renew my Certification License)

*A completed application must be submitted with appropriate fees prior to a change of license ownership, site location, or change of name. The effective date of change becomes the new anniversary date.

PROGRAM INFORMATION: Check All That Apply

Program: ☐ Public Program ☐ Private Program

Language: ☐ English ☐ Spanish ☐ Other (please specify): _____

Method: ☐ Classroom ☐ CD ☐ Other (please specify): _____

Schedule: A schedule of training may be requested for program audit purposes.

EXAMINATION: *Only Department Approved Examinations may be utilized.*

☐ National (please specify): _____

INSTRUCTORS: List the name of each New & Renewal Instructor(s) who will teach for the program. Attach a completed Instructor or Instructor Renewal Application for each instructor listed below.

<u>Instructor Name *</u>	<u>New</u>	<u>Renew</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

- Please submit a list of any additional instructor names along with their Instructor Application.

The following documents MUST be submitted with this application and licensing fee:

Initial Application: ☐ Instructor Application(s) ☐ Program Curriculum (14 hr)

Renewal Application: ☐ Instructor Application(s) new & renewals

Instructor and Instructor Renewal Applications may be downloaded from the CFM website at:

<http://www.dshs.state.tx.us/food-managers/default.aspx>

LICENSE HOLDER INFORMATION : Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Legal Name Tax Payer ID # or Charter # Outlet #

Mailing Address of Licensed Establishment City and State Zip

☐ **SOLE OWNER / PROPRIETORSHIP**

Name

☐ **PARTNERSHIP** ☐ **LP** ☐ **LLP** ☐ **LTD**

Name of Partnership Effective Date of

Name

Name

Name

☐ **UNIVERSITY / COLLEGE** ☐ **COUNTY / DEPARTMENT**

Name

☐ **CORPORATION** ☐ **LLC**

Name of Corporation Date and Place of Incorporation

President's Name

Officer's Name

Officer's Name

Name of Registered Agent

CERTIFIED FOOD MANAGER PROGRAM
INSTRUCTOR APPLICATION –NEW / RENEWAL

The Certified Food Manager (CFM) **PROGRAM LICENSEE** must Mail or Fax the completed Instructor Application and ALL required documentation to: Food and Drug Licensing Group, MC 2003, Texas Department of State Health Services, PO Box 149347, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: <http://www.dshs.state.tx.us/food-managers/default.aspx>

<u>PLEASE TYPE OR PRINT LEGIBLY</u>		Program License Number: _____									
1. Licensed CFM Program: _____											
2. Instructor Name (Candidate): _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </div>											
3. Telephone (Daytime): _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Area Code Number </div>											
4. Email: _____											
<div style="display: flex; justify-content: space-between;"> (NEW) <u>Complete for a “NEW” license only</u> </div> <p>5. Instructor Training Requirements - Certified Food Manager Certificate: <input type="checkbox"/> Attach a copy of current CFM Certificate</p> <p>6. Instructor Experience or Education Requirement: Complete A or B <input type="checkbox"/> A. Graduate/Bachelor/Associate Degree Applicant: Attach copy of transcript and diploma. The degree must be in area of Food Safety/Environmental Health/or Natural Sciences. OR <input type="checkbox"/> B. Work Experience Applicant: (Attach copy of work experience) (1) 2 years of State or Local Health Department Regulatory Food Inspection Work Experience OR (2) 5 years of Managerial Food Establishment Work Experience §229.172 (g)(1)</p>											
<div style="display: flex; justify-content: space-between;"> (RENEWAL) <u>Complete for a “RENEWAL” license only</u> </div> <p style="text-align: center;">(Verification of training hours must be submitted with application)</p> <p>7. Instructor Continuing Education (5 clock hours): List all professional training methods required for certification.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Course Title:</td> <td style="width: 20%; border-bottom: 1px solid black;">Hours:</td> <td style="width: 30%; border-bottom: 1px solid black;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td> </td> <td> </td> </tr> </table>			Course Title:	Hours:	Date:						
Course Title:	Hours:	Date:									
AFFIDAVIT: I hereby certify that the information given above is true and correct to the best of my knowledge. I understand at the time of audit, verification of documentation shall be provided at the request of the department. I further certify that I have read and understand applicable provisions of 25 Texas Administrative Code, Chapter 229.172 and agree to abide by them.											
Signature of Instructor (Candidate): _____		Date: _____									
Signature of CFM Program Licensee: _____		Date: _____									
<u>New:</u> <input type="checkbox"/> CFM <input type="checkbox"/> Work Experience <input type="checkbox"/> Transcript <input type="checkbox"/> Degree <input type="checkbox"/> Industry (5 Yrs) <input type="checkbox"/> Diploma <input type="checkbox"/> Regulatory (2 Yrs)	<u>FOR CFM OFFICE USE ONLY</u> <input type="checkbox"/> Approved <input type="checkbox"/> Instructors #: <input type="checkbox"/> Exp Date: <input type="checkbox"/> Disapprove: <input type="checkbox"/> Disapprove: Comments:	<u>Renewal:</u> <input type="checkbox"/> Continuing Education (5) Initials: Date:									